COMBINED DECLARATION AND POWER OF ATTORNEY (ORIGINAL, DESIGN, NATIONAL STAGE OF PCT)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title:	A SYSTEM	AND METHOD FOR	ASSEMBLING A BLOV	VER WHEEL	
the spe	cification of wh	ich			
(a) (b)	Express Mail	on a	s Serial No , as Serial No. not yet kr	or nown, and was amer	nded on
(c)	(if applicable) was descr). ibed and claimed in PCT and a	International Application mended under PCT Article	No	filed (if any).
		ve reviewed and understa any amendment referred	nd the contents of the aborto above.	ve identified specifi	cation, including the
	wledge the duty ral Regulations		which is material to patent	tability in accordance	e with Title 37, Code
the Unit applicate identified designate having a (d) X	ted States or of tion(s) designated below any for ting at least one a filing date bel no such applica- such applicatio	any foreign application(sing at least one country of the secountry of the country other than the Use or that of the application tions have been filed as follows the provisional or foreign as follows the provisional or foreign and the provisional or foreign application (see a possible provisional or foreign application).	PRIORITY CLAIM tle 35, United States Code) for patent or inventor's c ther than the United States atent or inventor's certification (nited States of America finited States of America finite) of which priority is claim ows. IGN APPLICATION(8), IF AN SIGN) PRIOR TO THIS U.S.	ertificate or of any I sof America listed to ate or any PCT inter led by me on the same aimed.	PCT international pelow and have also national application(s) me subject matter
COUN	TRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIM UNDER 35, USC 11 YesYes	19 No No
			ON(6), IP ANY PILED MORI BIGN) PRIOR TO THIS U.S. A		

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Thomas G. Eschweiler, Reg. No. 36, 981 Eric M. Highman, Reg. No. 43,672

The undersigned to this declaration and power of attorney hereby authorizes the U.S. attorney(s) named herein to accept and follow instructions from Name(s) of authorized representative(s) Address____ as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorney(s) will be so notified by the undersigned. Send Correspondence To: Direct Telephone Calls To: (name and telephone number) Thomas G. Eschweiler ESCHWEILER & ASSOCIATES, LIC Thomas G. Eschweiler National City Bank Building (216) 502-0600 629 Euclid Avenue, Suite 1210 Cleveland, Ohio 44114 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued therein. Full name of sole or first inventor Joseph H. Andulics__ Inventor's signature: Country of Citizenship: U.S.A. Residence: Elyria, Ohio 35336 Chaucer Drive_ Post Office Address: Elyria, Ohio 44035 Full name of second joint inventor, if any: Mark S. Resar Inventor's signature: Country of Citizenship: U.S.A. Residence: Wellington, Ohio Post Office Address: 49890 Austin Road Wellington, Ohio 44090

CHECK FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

X This declaration ends with this page.